United Nations E/ICEF/2001/P/L.45

Economic and Social Council

Distr.: Limited
21 November 2000
English
Original: French

For information

United Nations Children's Fund
Executive Board
First regular session 2001
22-26 and 29 January 2001
Item 4 of the provisional agenda*

Country note**

Morocco

Summary

The Executive Director presents the country note for the cooperation programme with Morocco for the period 2002 to 2006.

The situation of children and women

1. In recent years, Morocco (which has a population of 28 million) has made great progress in achieving the objectives of the World Summit for Children. There has been a significant decline in the infant and infant and child mortality rates, which fell from 69 to 37 per 1,000 live births and from 92 to 46 per 1,000 live births, respectively, between 1987 and 1997, according to the Pan-Arab Project for Child Development (PAPCHILD) survey. Nine out of ten children are vaccinated, and there have been no recorded cases of polio since 1990. According to the Ministry of Education, the overall school enrolment rate was 80 per cent for the 1999/2000 academic year, as against 56 per cent in 1990/1991. A Five-Year Development Plan 2000-2004 has just been adopted; the Plan demonstrates commitment at the highest levels to increased emphasis on social development. A United Nations Development Assistance Framework (UNDAF) was drawn up in 1998; preparation of a second common country assessment (CCA) is currently under way.

* E/ICEF/2001/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

00-75817 (E) 121200

2. There are still great disparities between rural and urban areas: in rural areas, nearly 38 per cent of girls aged 6 to 11 do not attend school (as against 12.6 per cent in towns); 83 per cent of women are illiterate (as against 45.5 per cent in urban areas); and the infant and child mortality rate is double that of urban areas (61 per 1,000 live births in rural areas as against 30 per 1,000 live births in urban areas). Nearly a third of the rural population lives over 10 kilometres. from a health centre. Three quarters of all women give birth without medical assistance; the maternal mortality rate is 307 per 100,000 live births (as against 125 in urban areas). The rate of access to drinking water is 54.6 per cent in rural areas and 93 per cent in urban areas (National Household Survey 1998-1999). Drought, together with a massive exodus from rural areas, is aggravating the situation of the poorest population groups.

3. A national proclamation has established education as a priority for the next ten-year period; universal basic education is to be achieved by 2002. The situation in that sector remains a source of concern: insufficient attention is paid to the development of young children; there are disparities in access to basic education; and 50 per cent of children enrolled in first grade do not finish primary school (Ministry of Education). The factors contributing to that situation include families' poverty, mothers' illiteracy, distance from school, overly-academic curricula, lack of teaching materials and teaching methods and attitudes that encourage children's passivity rather than classroom participation.

4. Perinatal problems account for one fifth of all deaths among children under five, followed by infectious diseases such as diarrhoea, acute respiratory infections and parasitic infections. Malnutrition often accompanies these factors: one fourth of children under five are developmentally delayed. There is also a high rate of micronutrient deficiencies. The social and economic situation and growing migration and tourism have led to a high risk of contracting human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), particularly among adolescents. Access to health care and medicine remains problematic in rural areas. Integrated Management of Childhood Illness (IMCI) is the primary strategy used in improving children's health.

5. The minimum legal age of employment has been raised from 12 to 15 and a national action plan aimed at progressively eradicating child labour has just been adopted. The problem of street children is growing in urban areas; non-governmental organizations (NGOs) have set up social rehabilitation programmes and the Government has begun to formulate a national policy on the issue. Children in conflict with the law are also a source of concern; nearly 70 per cent of children assigned to reform institutions by judicial decree have committed only minor offences or been convicted of vagrancy. Various forms of violence against children have begun to attract increasing attention in Morocco.

6. The target population is relatively ignorant of the Convention on the Rights of the Child. A major effort to harmonize legislation with the Convention has been undertaken. Action by the media remains limited because the information has not been sufficiently adapted to specific regional characteristics and because there is a lack of journalistic expertise on the subject of the Convention. The lack of awareness of child-related attitudes and behaviour is also a major obstacle to the success of communications projects. There is as yet no information network devoted solely to children. Existing information networks face various problems: data are not

broken down at the decentralized level; there is a lack of qualitative data; and some children have not yet been recorded in the civil registry.

Lessons learned from recent programme experience

7. The mid-term review led to a refocusing of activities on the education and health sectors and to needed changes in the role of the United Nations Children's Fund (UNICEF), taking into account its comparative advantages. Problems had been noted: little use had been made of the Convention as a frame of reference for activities; pilot projects in the field had borne little or no relevance to national policies and strategies, as would be required in order to ensure the sustainability and replicability of activities; and insufficient attention had been paid to protecting certain groups of children, particularly in the area of data collection. Furthermore, the programme had included unrealistic objectives and widely scattered activities, sometimes with little relationship to its objectives. Health and education projects had been insufficiently emphasized. The communications aspect had not played the key role originally intended for it and monitoring and evaluation had been largely neglected. The programme carried out in rural areas demonstrated the need to include two factors essential to the success of a decentralized programme: implementation of a system of partnership at the national, provincial and local levels and relevance to national policies and strategies.

8. As a result of the mid-term review, needed changes were made: education became the primary focus of action and activities in the health-care sector were strengthened. The central and peripheral levels have been more closely linked. The current emphasis is on communication, monitoring and evaluation.

Proposed country programme strategy

9. The strategic framework for the cooperation programme 2002-2006 will be the Convention on the Rights of the Child and will follow a rights-based approach. The environment is particularly favourable to this approach owing to the commitment at the highest levels of Government to social development and reduction of disparities. The goal of the cooperation programme will be to help the national authorities more fully and quickly to take into account Moroccan children's right to survival, development, protection and participation. Geographical coverage will be achieved by building on progress made since 1997; by using as an example communes and provinces where children and their mothers are particularly deprived of their basic rights; and by taking advantage of opportunities for partnership with other agencies of the United Nations system, bilateral cooperation agencies, local NGOs and the private sector; UNICEF will rely on its comparative advantages and seek to ensure complementarity of efforts. The country programme will consist of four closely linked programmes. The first will help develop key national policies and strategies in the fields of education and health; the second will make them operational. The third will provide a consistent response to the problems of children living in difficult circumstances and will be carried out both in the field and at the national level, helping to develop general policies and strategies. The fourth programme will provide ongoing support for the other three in the areas of communication, monitoring and evaluation.

10. The *programme of support for national priorities* will support national policies for universal basic education and improved access to primary health care. By building on experience gained in the field in partnership with the communities, the programme will seek to develop innovative, relevant and high-quality intervention models. In the field of education, the programme will support the development of community strategies for parent education and school education; the establishment of mechanisms to continue the expansion process by improving the quality of the learning environment and the teaching methods; and the development of model curricula adapted to various groups of marginalized children. In the health field, the programme's objective will be to help the Government consolidate progress in the areas of: vaccination, particularly the eradication of measles and the certified eradication of polio; efforts to combat diarrhoeal diseases and acute respiratory infections as part of the IMCI initiative; access to high-quality health care for children and women, including at school; improved nutrition for children and mothers; and efforts to combat emerging problems such as HIV/AIDS.

11. The *support for children in rural areas programme*, which is part of the effort to reduce disparities between rural and urban areas, will focus on decentralization and integration of activities. It will seek to develop a local child development model capable of wide-scale replication and to implement in remote areas approaches developed at the national level in the areas of young child development, basic education, maternal health and access to basic health care. It will focus on developing local competences and on giving responsibility to local partners, including communities and families, through the active involvement of "rural communes" (decentralized administrative units). Support will be provided in the area of drinking water supply as a catalyst for a participatory approach that will promote better health and education by improving school facilities and reducing the need to fetch water.

12. The *child protection programme* will help develop national policies and strategies and will seek to ensure that policy makers use the experience gained in remote areas concerning the protection of children in institutions, street children and working children. The emphasis will be on strengthening the competences of agencies and NGOs and ensuring mobilization of and advocacy with target populations. Since the programme will focus on relatively new areas of intervention, data collection and the establishment of networks for expertise and experience-sharing will be heavily promoted.

13. The *programme for promotion of and monitoring of the Convention on the Rights of the Child* will be divided into two parts. In the area of communication, it will focus on strengthening advocacy and social mobilization on behalf of children by emphasizing participation. Through a cross-sectoral approach, the programme will support the development of communications projects designed to change behaviour associated with implementation of the priority areas of the cooperation programme by strengthening the partners' capacities, producing documentation and sharing experience in the field. In the area of monitoring and evaluation, the programme will seek to ensure effective implementation of a consistent, reliable and dynamic information network of information on children and of an effective, efficient system of monitoring and evaluating the cooperation programme. The focus will be on making quantitative, qualitative and disaggregated indicators available in remote areas and on strengthening capacities at the decentralized level. The programme will also promote a Convention-monitoring process.

14. The "cross-sectoral costs" will cover the support needed for effective implementation of the programme by assuming the cost of three posts for assistants in the programme, supply and finance offices.

Estimated programme budget

Estimated programme cooperation, 2002-2006[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Support for national priorities	1 645	2 200	3 845
Support for children in rural areas	2 255	4 400	6 655
Child protection	1 434	2 750	4 184
Promotion of and follow-up to the Convention	1 110	1 650	2 760
Cross-sectoral costs	539	0	539
Total	**6 983**	**11 000**	**17 983**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.